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U.S. APPLICATION NO. (If known, see 37 CFR 1.5) 09/508034		INTERNATIONAL APPLICATION PCT/GB98/02671		ATTORNEY'S DOCKET NUMBER C1043/7019	
17. <input checked="" type="checkbox"/> The following fees are submitted:				CALCULATIONS <small>PTO USE ONLY</small>	
BASIC NATIONAL FEE (37 CFR 1.492(a)(1)-(5)): Search Report has been prepared by the EPO or JPO \$840.00 International preliminary examination fee paid to USPTO (37 CFR 1.482) \$670.00 No international preliminary examination fee paid to USPTO (37 CFR 1.482) but international search fee paid to USPTO (37 CFR 1.445(a)(2)) \$760.00 Neither international preliminary examination fee (37 CFR 1.482) nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO \$970.00 International preliminary examination fee paid to USPTO (37 CFR 1.482) and all claims satisfied provisions of PCT Article 33(2)-(4) \$96.00					
ENTER APPROPRIATE BASIC FEE AMOUNT =				\$ 840.00	
Surcharge of \$130.00 for furnishing the oath or declaration later than ~ 20 X 30 months from the earliest claimed priority date (37 CFR 1.492(e)).				\$	
CLAIMS		NUMBER FILED	NUMBER EXTRA	RATE	
Total Claims		49 - = 20	29	X \$18.00	\$522.00
Independent Claims		7 - = 3	4	X \$78.00	312.00
MULTIPLE DEPENDENT CLAIM(S) (if applicable)				+\$260.00	\$
TOTAL OF ABOVE CALCULATIONS =				\$1674.00	
Reduction by 1/2 for filing by small entity, if applicable. Verified Small Entity Statement must also be filed (Note 37 CFR 1.9, 1.27, 1.28).				\$	
SUBTOTAL =				\$1674.00	
Processing fee of \$130.00 for furnishing the English translation later than ~ 20 ~ 30 months from the earliest claimed priority date (37 CFR 1.492(f)).				\$	
TOTAL NATIONAL FEE =				\$1674.00	
Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate coversheet (37 CFR 3.28, 3.31). \$40.00 per property +				\$	
TOTAL FEES ENCLOSED =				\$1674.00	
				Amount to be:	
				refunded	\$
				charged	\$
a. <input checked="" type="checkbox"/> A check in the amount of \$1674.00 to cover the above fees is enclosed. b. Please charge by Deposit Account No. _____ in the amount of \$ _____ To cover the above fees. A duplicate copy of this sheet is enclosed. c. <input checked="" type="checkbox"/> The commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 23/2825. A duplicate of this sheet is enclosed.					
NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.					
SEND ALL CORRESPONDENCE TO:				 SIGNATURE	
Therese A. Hendricks WOLF, GREENFIELD & SACKS, P.C. 600 Atlantic Avenue Boston, Massachusetts 02210				Therese A. Hendricks NAME	
				30,389 REGISTRATION NO.	